

APPLICATION FOR CANDIDACY

PLEASE TYPE OR PRINT

Name of Candidate

WARD 6 CITY COUNCIL SEAT

Title of Office Sought

Candidate's Address of Residence – Street, City

Candidate's Mailing Address – Street or Box, City, State, ZIP

Phone Number _____

I have been a registered voter in Ward 6 for at least 6 months. YES _____ NO _____

I have lived in Ward 6 for _____ years.

Have you ever been convicted of a felony crime? YES _____ NO _____

Are you related, by blood or marriage, to any Council Member or the Mayor?

YES _____ NO _____ If yes state who and how related _____

Date of Birth _____

Please submit a brief resume with this application.

I, the undersigned, do hereby solemnly swear to affirm that the abovementioned facts are true and correct and that I am fully qualified to become a candidate for the office of Ward 6 City Council and that I will be fully qualified to hold the office, if appointed.

Signature of Candidate (as it appears at the top of this form)

Subscribed and sworn to before me this _____ day of April, 2023.

Notary Public

My Commission Expires:

***APPLICATIONS WILL BE ACCEPTED IN THE CITY CLERK'S
OFFICE THROUGH FRIDAY, APRIL 21, 2023 AT 5:00 P.M.***

(The City Clerk's office is closed daily from 12 noon to 1:00 p.m.)